

Department of the Treasury
Internal Revenue Service

Part I General Information

1 Name of organization

NAME OF ORGANIZATION
MIKE STEVENS FOR STATE REPRESENTATIVE

Employer identification number

3411910924

2 Mailing address (P.O. Box or number, street, and room or suite number)

12468 WEYGANDT STREET

City or town, state, and ZIP code

or town, state, and ZIP code
CANAL FULTON, Ohio 44614

3 E-mail address of organization

4a Name of custodian of records

CAROLYN BERGSTROM

5a Name of contact person

4b Custodian's address

1505 CLARK AVE SW

Canton, Ohio 44706

5b Contact person's address

6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

Part II	Purpose
---------	---------

7 Describe the purpose of the organization

STATE COMMITTEE OF DEMOCRATIC PARTY

Part III List of All Related Entities (see instructions)

8a Name of related entity

8b Relationship

8c Address

NONE

RECEIVED

~~JUL 30 2000~~

OGDN 15

Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____



I TRIED to
E-MAIL this but
COULD NOT FIND
WEB SITE!